

U.S. Embassy /American Citizen Services
4, avenue Gabriel
75382 Paris Cédex 08
France

**Questionnaire for Medical Professionals for Consultations with
U.S. Citizens in France**

This questionnaire will be used as a guideline for the Embassy's information sheets and website that are available to the general public. Thank you in advance for your interest in completing the questionnaire. If you need additional space, please attach additional document/pages.

1. Full Name Last: First:
2. What is your date and place of birth?
3. What is your medical title/specialty/field?
4. Medical license or registration number:
5. What is the address of your medical office
 - a. Office Telephone:
 - b. Fax Number:
 - c. Telephone: Office cell phone
Would you like your cell phone number to be listed? Yes ☐ No ☐
 - d. E-mail and/or website to be listed:
6. Professional Association Membership; Board Membership:
7. Languages spoken:

(Please include a statement of competency in English for physicians and any support staff if applicable per the accompanying letter.)

English Spoken:	Fluent	<input type="checkbox"/>
	Good	<input type="checkbox"/>
	Limited	<input type="checkbox"/>
8. Office Hours:
9. After Hours Availability:

I affirm that I am currently in good professional standing and am not facing any pending disciplinary proceedings.

Signature

Date